

RECIPIENT

The sender has requested notification upon delivery.
Immediately upon receipt, please telephone:

Name: _____
Tel. No.: () _____

FIRMLY

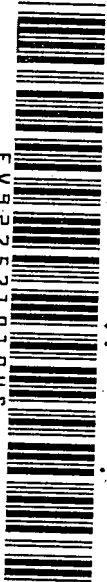
PLEASE PRESS FIRMLY

Please Rush To Addressee

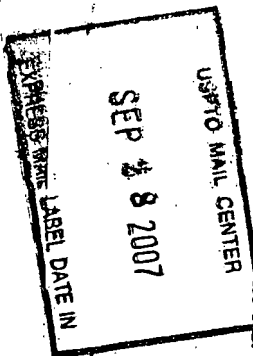
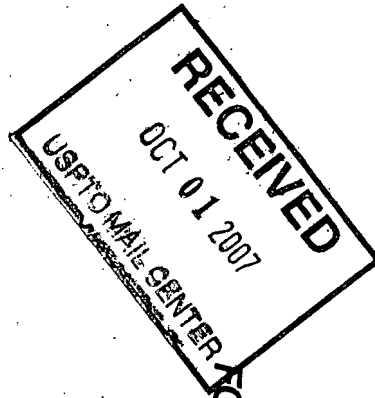
ESS

RVICE®

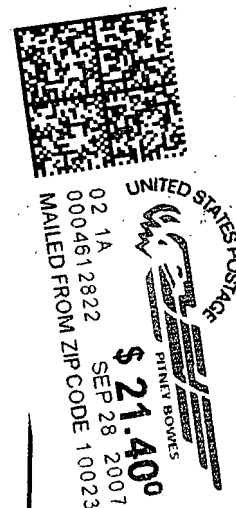
WWW.L



EV927571010US



FOR PICKUP OR TRACKING CALL 1-800-222-18



ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery	Postage
Date Accepted	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd day/Day	Return Receipt Fee
Mo. Day Year	Scheduled Date of Delivery	Insurance Fee
Time Accepted	Month Day	COD Fee
<input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery	Total Postage & Fees
	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	
Flat Rate <input type="checkbox"/> or Weight <input type="checkbox"/>	Military	Acceptance Emp. Initials
	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	
	Int'l Alpha Country Code	

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

UNITED STATES POSTAL SERVICE® Post Office To Addressee



EXPRESS MAIL

Addressee Copy

Label 11-F, April 2004